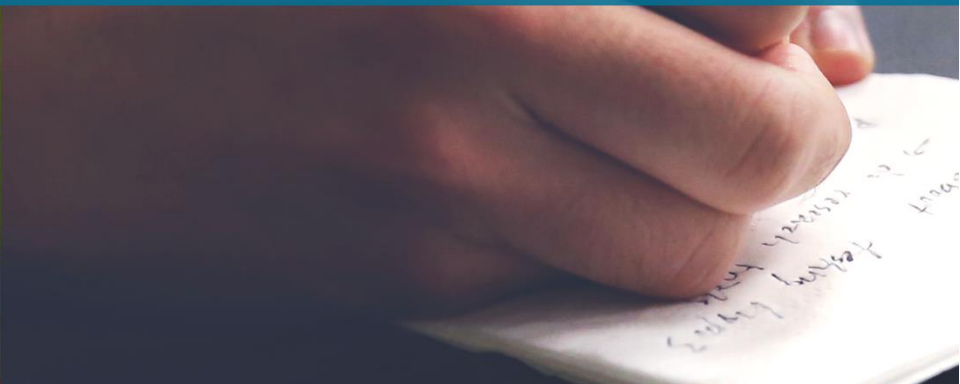




# Lunch & Learn



# Review of Systems: The Backbone of Practice

October 3, 2018

Angela Phillips, DNP, APRN, West Texas A&M University

Presented in partnership  
by:



American Association of  
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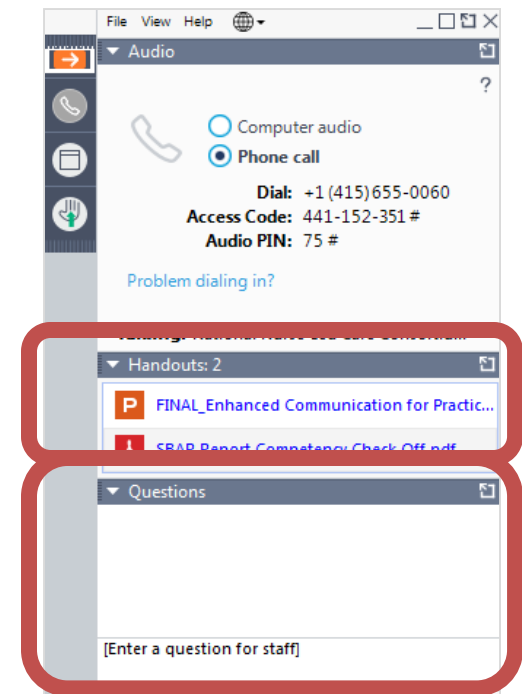


Transforming Clinical  
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# National Investment in Quality Improvement

- Changes to the health care system are here
- Nurse practitioners (NPs) will play a key role during the critical transition from Fee-for-Service to **Value-Based Reimbursement**
- **NNCC** and the **AANP** have partnered together to create the **Nurse Practitioner Support & Alignment Network (NP SAN)**:
  - Prepare NPs for the upcoming changes to the health care system
  - Provide free continuing education & professional development centered around value-based health care practices
  - Offer key training opportunities that ready practices for **Value-Based Reimbursement**



# Preparing NPs for Value-Based Reimbursement

## What is the Quality Payment Program?

Began in 2017 as a result of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) and requires CMS by law to implement an incentive program referred to as the *Quality Payment Program*, that provides for two participation tracks:

### Merit-based Incentive Payment System (MIPS)]

MIPS

*If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.*

OR

### Advanced Alternative Payment Models (APMs)

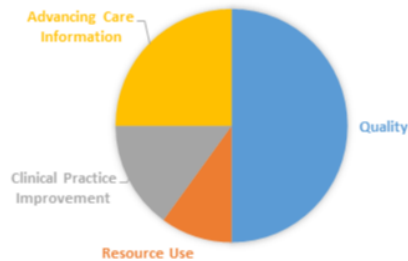
Advanced  
APMs

*If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.*

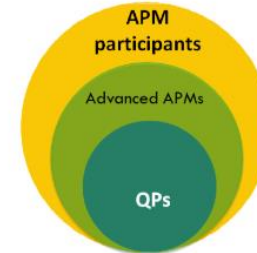
# MIPS

vs.

# APMs



## MIPs vs. APMs Timeline



- Designed for individuals & small practices
  - Four (4) performance areas
  - Replaces all current incentive programs
  - Exempt if practice DOES NOT meet low volume threshold.
- Higher risk model
  - Risk is shared throughout the APM
  - Number of acceptable payment models is limited
  - Rules to being considered a qualified provider (QP)

# Where Can I Go to Learn More?

1. CMS QPP website [www.qpp.cms.gov](http://www.qpp.cms.gov)
2. NPI Lookup for participation status <https://qpp.cms.gov/participation-lookup>
3. AANP <https://www.aanp.org/legislation-regulation/federal-legislation/macra-s-quality-payment-program>



# A Detailed Review of Systems (ROS): The Backbone of Practice

Angela Phillips  
DNP, APRN, FNP-BC, CNN



# Objectives

- ▶ Identify the importance of accurate ROS completion during a patient encounter.
- ▶ Acknowledge and understand the impact ROS has on value based health care.
- ▶ Recognize the role of ROS and how it interfaces with social determinants for effective health care delivery.

# What is ROS?

- ▶ Body systems inquiry
- ▶ Assessment is the foundation of healthcare
- ▶ Widely accepted and recognized throughout healthcare
- ▶ 14 areas recognized by Centers for Medicare and Medicaid Services (CMS)

# 14 areas recognized by CMS

- ▶ Constitutional
- ▶ Eyes
- ▶ Ears, Nose, Mouth, Throat
- ▶ Cardiovascular
- ▶ Respiratory
- ▶ Gastrointestinal
- ▶ Genitourinary
- ▶ Musculoskeletal
- ▶ Integumentary/Breast
- ▶ Neurological
- ▶ Psychiatric
- ▶ Endocrine
- ▶ Hematologic/Lymphatic
- ▶ Allergic/Immunologic

# REVIEW OF SYSTEMS

## SKIN

- ☐ Rashes
- ☐ Itching
- ☐ Change in hair or nails

## HEAD

- ☐ Headaches
- ☐ Head injury

## EYES

- ☐ Glasses or contacts
- ☐ Change in vision
- ☐ Eye pain
- ☐ Double vision
- ☐ Flashing lights
- ☐ Glaucoma/Cataracts
- ☐ Last eye exam

## EARS

- ☐ Change in hearing
- ☐ Ear pain
- ☐ Ear discharge
- ☐ Ringing
- ☐ Dizziness

## NOSE/SINUSES

- ☐ Nose bleeds
- ☐ Nasal stuffiness
- ☐ Frequent colds

## ALLERGIES

- ☐ Hives
- ☐ Swelling of lips or tongue
- ☐ Hay fever
- ☐ Asthma
- ☐ Eczema/Sensitive
- ☐ Sensitivity to drugs, food, pollens, or dander

## MOUTH/THROAT

- ☐ Bleeding gums
- ☐ Sore tongue
- ☐ Sore throat
- ☐ Hoarseness

## NECK

- ☐ Lumps
- ☐ Swollen glands
- ☐ Goiter
- ☐ Stiffness

## BREAST

- ☐ Lumps
- ☐ Pain

- ☐ Nipple discharge
- ☐ BSE

## RESPIRATORY/CARDIAC

- ☐ Shortness of breath
- ☐ Cough
- ☐ Production of phlegm, color
- ☐ Wheezing
- ☐ Coughing up blood
- ☐ Chest pain
- ☐ Fever
- ☐ Night sweats
- ☐ Swelling in hands/feet
- ☐ Blue fingers/toes
- ☐ High blood pressure
- ☐ Skipping heart beats
- ☐ Heart murmur
- ☐ HX of heart Medication
- ☐ Bronchitis/emphysema
- ☐ Rheumatic heart disease

## GASROINTESTINAL

- ☐ Change of appetite or Weight
- ☐ Problems swallowing
- ☐ Nausea
- ☐ Heartburn
- ☐ Vomiting
- ☐ Vomiting blood
- ☐ Constipation
- ☐ Diarrhea
- ☐ Change in bowel habits
- ☐ Abdominal pain
- ☐ Excessive belching
- ☐ Excessive flatus
- ☐ Yellow color of skin (jaundice/hepatitis)
- ☐ Food intolerance
- ☐ Rectal bleeding/Hemorrhoids

## URINARY

- ☐ Difficulty in urination
- ☐ Pain or burning on urination
- ☐ Frequent urination at night
- ☐ Urgent need to urinate
- ☐ Incontinence of urine
- ☐ Dribbling
- ☐ Decreased urine stream
- ☐ Blood in urine
- ☐ UTI/stones/prostate infection

## PERIPHERAL VASCULAR

- ☐ Leg cramps
- ☐ Varicose veins

- ☐ Clots in veins

## MUSCULOSKELETAL

- ☐ Pain
- ☐ Swelling
- ☐ Stiffness
- ☐ Decreased joint motion
- ☐ Broken bone
- ☐ Serious sprains
- ☐ Arthritis
- ☐ Gout

## NEUROLOGIC

- ☐ Headaches
- ☐ Seizures
- ☐ Loss of Consciousness/Fainting
- ☐ Paralysis
- ☐ Weakness
- ☐ Loss of muscle size
- ☐ Muscle spasm
- ☐ Tremor
- ☐ Involuntary movement
- ☐ Incoordination
- ☐ Numbness
- ☐ Feeling of "pins and needles/tingles"

## HEMATOLOGIC

- ☐ Anemia
- ☐ Easy bruising/bleeding
- ☐ Past Transfusions

## ENDOCRINE

- ☐ Abnormal growth
- ☐ Increased appetite
- ☐ Increased thirst
- ☐ Increased urine production
- ☐ Thyroid trouble
- ☐ Heat/cold intolerance
- ☐ Excessive sweating
- ☐ Diabetes

## PSYCHIATRIC

- ☐ Tension/Anxiety
- ☐ Depression/suicide ideation
- ☐ Memory problems
- ☐ Unusual problems
- ☐ Sleep problems
- ☐ Past treatment with Psychiatrist
- ☐ Change in mood/change in attitude towards family/friends

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# Why is ROS important?

- ▶ Identify potential or underlying illness
- ▶ Way to prioritize objective examination
- ▶ Serves as a safety net
- ▶ Guides objective physical examination
- ▶ Structured patient assessment improve clinician performance
- ▶ Evaluation and Management
  - Billing, coding and reimbursement

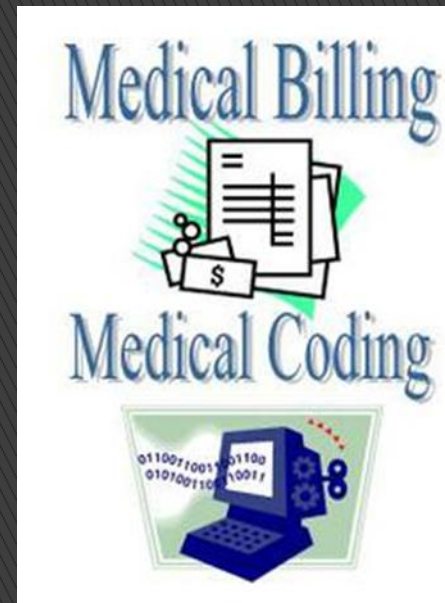
# Evaluation and Management (E/M)

- ▶ 3 key components when selecting the appropriate level of E/M service
  - History
  - Examination
  - Medical decision making
- ▶ Elements required for history
  - Chief complaint
  - History of present illness
  - Review of systems
  - Pertinent past, family, and/or social history



# ROS for Evaluation and Management (Coding and Reimbursement)

- ▶ Four levels of service recognized for evaluation and management:
  - Problem focused
  - Expanded problem focused
  - Detailed
  - Comprehensive





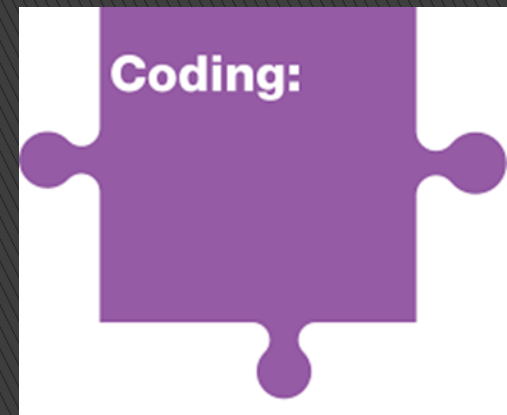
# E&M – Coding

- ▶ Problem focused
  - 99201 or 99212
  - Example: “My finger hurts.”
  - ROS not required



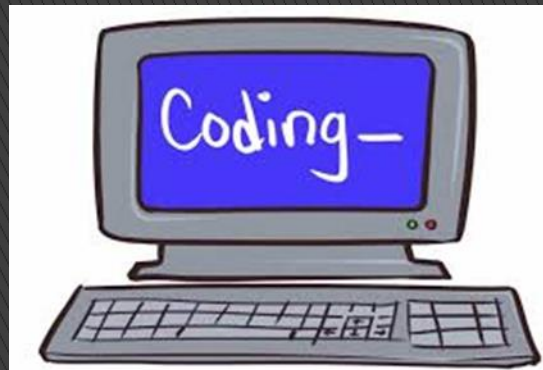
# E&M – Coding

- ▶ Expanded problem focused
  - 99202 or 99213
  - Example: “I have a sore throat.”
  - Problem pertinent ROS required



# E&M – Coding

- ▶ Detailed
  - 99203 or 99214
  - Example: “I have increased nasal congestion and an earache.”
  - Extended ROS is required



# E&M – Coding

- ▶ Comprehensive
  - 99204, 99205 or 99215
  - Example: “I need a primary care provider.”
  - Complete ROS required



# E/M Coding tips for ROS

- ▶ Questions asked in head to toe manner
- ▶ Document both pertinent positives and negatives
- ▶ Not recommended for staff or patients to complete ROS
- ▶ Follow up visits do require a ROS
- ▶ Acceptable to review previous ROS and note current date of review

# Training on ROS

- ▶ Nurses / physicians

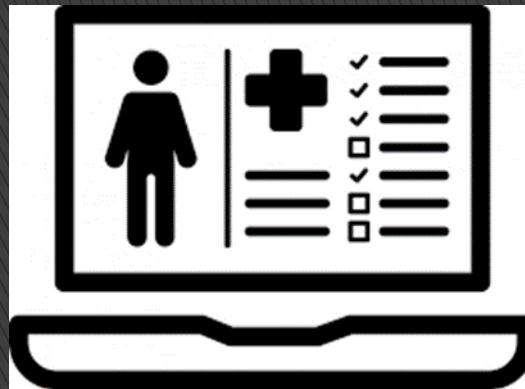


# Electronic Health Records (EHRs)

- ▶ EHR mandated in 2009
  - HITECH Act
- ▶ Foundation for health care reform
- ▶ Meaningful use of EHRs
  - E-prescribing
  - Electronic exchange of health information
  - Submission of clinical quality
- ▶ Paper charting will eventually cease

# ROS and EHRs

- ▶ Does EHR charting adequately cover what we want it to?
- ▶ Take care with charting – Check boxes are easy





# ROS and the Nurse Practitioner

- ▶ ROS within primary care
- ▶ ROS within urgent care
- ▶ ROS within NP education
  - OSCE experiences
- ▶ ROS within research
  - Medical surveillance program from US DOE

# ROS and Value Based Healthcare

- ▶ Transition from volume to value
- ▶ Patient satisfaction and population health focus are expected
- ▶ Providers are paid based on health outcomes
- ▶ Chronic disease management
- ▶ All requires adequate ROS

# Benefits of Value Based Healthcare

- ▶ Less money spent
- ▶ Provider efficiency
- ▶ Patient satisfaction
- ▶ Positive patient outcomes
- ▶ Society becomes healthier
- ▶ Financial stability of practice



# What are social determinants?

- ▶ Conditions in the environments in which people are born and live
- ▶ Health starts where our patients are
- ▶ Interaction between healthy choices and good health
- ▶ Healthy People 2020 Goal

# Social determinants of healthcare and ROS

- ▶ Payers are focusing on addressing social determinants of health as a way to improve outcomes
- ▶ ROS can help identify social determinants
- ▶ It is important to see the WHOLE picture!

# Value Based Healthcare and MACRA

- ▶ Transition from fee for service to pay for performance
  - Quality of service
  - Value to patient

# MACRA, QPP and MIPS

- ▶ Medicare Access & CHIP Reauthorization Act (MACRA)
  - Provides incentive payments for participation
  - Focus on quality, value and accountability
  - Streamlines programs into Merit-Based Incentive Payment System (MIPS)
    - NPs are deemed eligible professionals
- ▶ Quality Payment Program (QPP)
  - Focus on care quality and making patients healthier

# Impact of MACRA on NPs

- ▶ NPs are eligible to participate in merit based incentive payment system
- ▶ Assess current operations and systems
- ▶ Develop a plan
- ▶ Develop partnerships with third party entities
- ▶ Address social determinants of health as a way to improve outcomes



# MACRA further information

- ▶ Progressive actions providers must take now:
  - Become informed
  - Access current operations and systems



# Summary

- ▶ ROS is important for:
  - Foundation for patient assessment
  - Drives the plan of care
  - Value based healthcare and quality of care
  - Identification of social determinants
  - E&M coding

# Contact information

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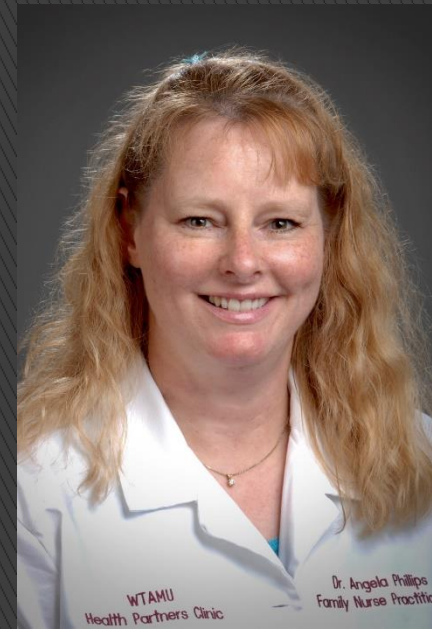
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# References

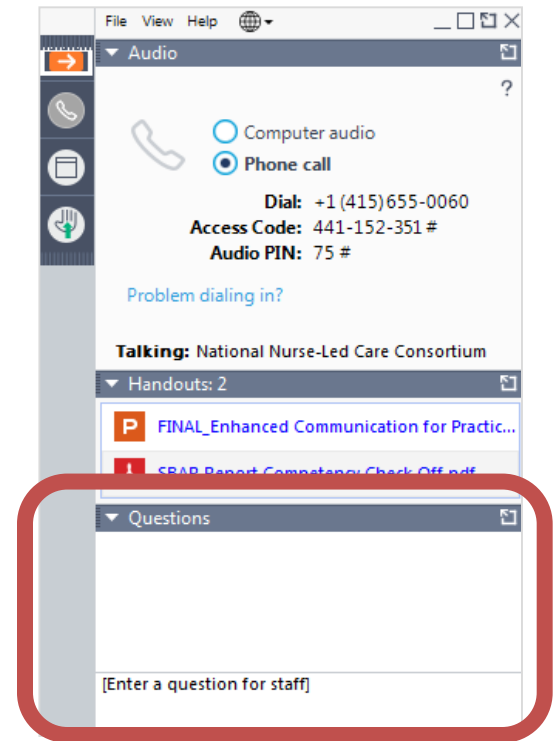
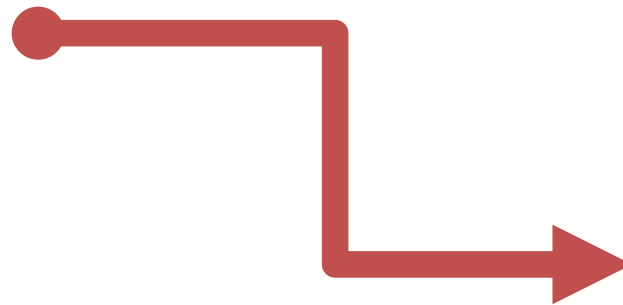
- ▶ American Academy of Family Physicians: Coding. <https://www.aafp.org/fpm/topicModules/viewTopicModule.htm?topicModuleId=49>
- ▶ Balestra M. Electronic health records: patient care and ethical and legal implications for nurse practitioners. *J Nurse Pract.* 2017;13(2):105–111.
- ▶ Healthy People 2020. <https://www.cdc.gov/dhdspl/hp2020.htm>
- ▶ HITECH Act Enforcement Interim Final Rule | HHS.gov. <https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act.../index.html>
- ▶ Managed Health Care Connect, Health care news. February 14, 2018. <https://www.managedhealthcareconnect.com/content/majority-payers-concerned-about-social-determinants-health>
- ▶ National Electronic Health Records Survey. 2015 state and national electronic health record adoption summary tables. 2015. [https://www.cdc.gov/nchs/data/ahcd/nehrs/2015\\_nehrs\\_web\\_table.pdf/](https://www.cdc.gov/nchs/data/ahcd/nehrs/2015_nehrs_web_table.pdf/)
- ▶ Phillips, A., Frank, A., Loftin, C, & Shepherd, S. (2017). A detailed review of systems: an educational feature. *The Journal for Nurse Practitioners*, 13(10), 681–686. <https://doi.org/10.1016/j.nurpra.2017.08.012>
- ▶ Porter, M.E. (2010). What is value in health care? *New England Journal of Medicine*, 363: 2477–2481. doi: 10.1056/NEJMp1011024.
- ▶ Stanik-Hutt, J., Newhouse, R.P., White, K.M., Johantgen, M., Bass, E.B., et al. (2013). The quality and effectiveness of care provided by nurse practitioners. *The Journal for Nurse Practitioners*, 9(8), 492–500. <http://dx.doi.org/10.1016/j.nurpra.2013.07.004>
- ▶ US Department of Human Services. Centers for Medicare & Medicaid Services. Evaluation and management services. 2016. <https://www.coursehero.com/file/16626992/eval-mgmt-serv-guide-ICN006764/>

# Questions?



# Any Questions??

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# Other QPP or NP SAN Questions?

For more information on the **QPP** or the **Nurse Practitioner Support and Alignment Network (NP SAN)**:

- Email **Joseph Reyes** at [jreyes@aanp.org](mailto:jreyes@aanp.org)
- Email **Cheryl Fattibene** at [cfattibene@nncc.us](mailto:cfattibene@nncc.us)
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October 24, 2018

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